



## ***State of Wisconsin Health Insurance Risk Sharing Plan (HIRSP)***

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### ***Amendment to the Policy of the Wisconsin Health Insurance Risk Sharing Plan (HIRSP) Regarding Drug Benefits***

Effective April 1, 2005, the Wisconsin Health Insurance Risk Sharing Plan (HIRSP) is amending the drug benefits for your HIRSP policy.

This amendment contains only information regarding these new drug benefits. For full details about your HIRSP coverage, always refer to your HIRSP policy as well as any amendments.

#### **The following definitions are added to Part E. Definitions**

***Brand-name drug/brand-name drugs*** are prescription legends drug sold by the pharmaceutical company or other legal entity holding the original United States patent for that prescription legend drug. For purposes of this policy, *brand-name drugs* are defined by MediSpan (or similar organization). MediSpan is a national organization that determines brand and *generic drug* classifications.

***Formulary*** is a list of prescription drugs, established by a committee of *physicians* and pharmacists, which are determined to be *medically necessary and appropriate*. If a *policyholder* or *provider* requests a non-*formulary drug*, the *PBM* may require that it be prior authorized before it will be covered under the prescription drug benefit. The *formulary* may be revised as deemed necessary by the *PBM*.

***Generic Drug/Generic Drugs*** are prescription legend drugs sold by a pharmaceutical company or other legal entity other than the one holding the original United States patent for that prescription legend drug. For purposes of this policy, *generic drugs* are defined by MediSpan (or similar organization). MediSpan is a national organization that determines brand and *generic drug* classifications.

***Generic equivalent*** means a prescription drug that contains the same active ingredients, same dosage form, and strength as its brand name drug counterpart.

***Network pharmacy*** means Medicaid-certified pharmacy *providers* in Wisconsin and Navitus' network pharmacies located outside of Wisconsin who have agreed in writing to provide the services that are administered by the *PBM* and covered under the policy to a *policyholder*. The pharmacy's written

participation agreement must be in force at the time such services, or other items covered under the policy, are provided to a *policyholder*. The list of network pharmacies is available on the Internet at [www.navitus.com](http://www.navitus.com) or by request from Navitus. Please note that network pharmacies may change periodically. A *policyholder* should check with the pharmacy to make sure that pharmacy is a *network pharmacy*.

**PBM** means Pharmacy Benefit Manager (*PBM*). The Pharmacy Benefit Manager, Navitus, is a third party administrator that is contracted with HIRSP to administer the prescription drugs under this program. It is primarily responsible for processing and paying prescription drug claims, developing and maintaining the *formulary*, contracting with pharmacies, and negotiating discounts and rebates with drug manufacturers.

**Prior authorization** means obtaining approval from the PBM before coverage of certain drugs would apply. *Prior authorization* is initiated by the *policyholder's physician* and is done in writing.

**Self-administered injectables** means an injectable that can be safely self-administered by a layperson. This does not include those drugs delivered via IM (intramuscular), IV (intravenous) or IA (intraarterial) injectables or any drug administered through infusion.

## **The following replaces in its entirety Part R. Drug Benefits**

### **Part R. Drug Benefits**

#### **Prescription Drugs and Other Benefits Administered by the Pharmacy Benefits Manager (*PBM*)**

The *policyholder* must obtain benefits at a *PBM network pharmacy*.

If the *policyholder* does not show their HIRSP identification card at the pharmacy at the time they are obtaining benefits, they may need to pay the full amount and submit the following to the *PBM* to receive reimbursement: an itemized bill, statement, and receipt that includes the pharmacy name, pharmacy address, patient's name, patient's identification number, NDC (national drug classification) code, prescription name, and retail price (in U.S. currency). The *policyholder* must submit this information on a Navitus Direct Member Reimbursement Claim form. This claim form is located on the Navitus Internet site at [www.navitus.com](http://www.navitus.com) or the *policyholder* can call the Dedicated HIRSP Unit toll-free at 866-333-2757 to request a form. In these situations, the *policyholder* may be charged more than the HIRSP coinsurance amount. The *PBM* will determine the benefit amount based on the HIRSP rate for the covered drug, less any applicable coinsurance.

Except as specifically provided, all provisions of the policy, including, but not limited to, exclusions and limitations, coordination of benefits and services, and miscellaneous provisions, apply to the benefits administered by the *PBM*. If the *policyholder* has any questions, please contact the *PBM* about these benefits.

#### **(1) Prescription Drugs**

Coverage includes legend drugs and biologicals that are FDA approved which by law require a written prescription; are prescribed for treatment of a diagnosed illness or injury; and are purchased from a *PBM network pharmacy*. This coverage includes investigational drugs used to treat the HIV virus as described in Section 632.895 (9), Wisconsin Statutes, as amended. The *PBM* may classify a prescription drug as not covered if it determines that prescription drug does not add clinical value over currently available therapies.

The major medical benefits, not the *PBM*, will be responsible for covering prescription drugs administered during home care, office setting, confinement, emergency room visit or urgent care setting, if otherwise covered under the policy. However, prescriptions for covered drugs written during home care, office setting, confinement, emergency room visit or urgent care setting will be the responsibility of the *PBM*, unless otherwise specified in the policy (for example, self-administered injectable).

Prescription drugs will be dispensed as follows:

- (a) in maximum quantities not to exceed a 30-day supply.
  - (b) single packaged items are limited to two items or 30-day supply, whichever is more appropriate, as determined by the *PBM*.
  - (c) *prior authorization* from the *PBM* may be required for certain prescription drugs. A list of prescription drugs requiring *prior authorization* is available from the *PBM*.
  - (d) cost-effective *generic equivalents* will be dispensed unless the plan *provider* specifies the brand name drug and indicates that no substitutions may be made.
  - (e) tablet splitting is a voluntary program in which the *PBM* may designate certain *formulary drugs* that the *policyholder* can split the tablet of a higher strength dosage at home. Under this program, the member gets half the usual quantity for a 30-day supply (15 tablets - 30-day supply). *Policyholders* who use tablet splitting will pay half the normal *HIRSP drug coinsurance* amount.
  - (f) sampling is available to encourage the use of *formulary drugs*, whereby the *PBM* may waive the *HIRSP drug coinsurance* of a prescription drug on the initial prescription fill for certain medications, if that medication has not been tried previously.
  - (g) the *PBM* reserves the right to designate certain over-the-counter drugs on the *formulary*.
  - (h) *self-administered injectables* must be obtained from a *PBM network pharmacy*.
- (2) Insulin, Disposable Diabetic Supplies, Glucometers and Other Devices and Supplies
- (a) Insulin is covered as a prescription drug. Insulin will be dispensed in a maximum quantity of a 30-day supply.

- (b) Disposable diabetic supplies and glucometers will be covered when prescribed for treatment of diabetes and purchased from a *PBM network pharmacy*. Disposable diabetic supplies includes needles, syringes, alcohol swabs, lancets, lancing devices, blood or urine test strips. The HIRSP drug *coinsurance* will be applied to the annual out-of-pocket maximum for prescription drugs.
- (c) Other non-diabetic devices and supplies administered by the *PBM* that are subject to the *HIRSP drug coinsurance* and applied to the annual out-of-pocket maximum for prescription drugs are as follows: syringes, needles, spacers, peak flow meters.

Devices and supplies described in (b) and (c) above will be subject to the *HIRSP medical deductible* and *HIRSP medical coinsurance* if they are provided by a provider other than a *PBM network pharmacy*.

### (3) Refill Policy

Refills of a prescription are a *covered service* if they meet the following criteria:

- (a) Prescriptions for drugs that are not controlled substances (non-schedule drugs) are limited to the original dispensing plus 11 refills within 12 months. A new prescription is required after 12 months even if all refills have not been dispensed.
- (b) Refills for drugs that are controlled substances with the potential for abuse (e.g., Schedule III, IV, and V drugs as defined in Sections 961.17-961.22, Wisconsin Statutes, as amended) are limited to the original dispensing plus five refills within six months. A new prescription is required after six months even if all refills have not been dispensed.

## **The following replaces in its entirety the subsection entitled "Drugs Not Covered by HIRSP" in Part T. Exclusions and Limitations**

### Drugs Not Covered by HIRSP

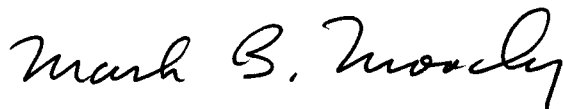
- (1) Over-the-counter medications, except insulin and those listed in the *formulary*.
- (2) Prescription drugs that have an over-the-counter equivalent.
- (3) Supplies and medicines the *policyholder* buys with or without a *physician's* prescription, unless otherwise specifically covered.
- (4) Prescription drugs which require *prior authorization* unless approved by the *PBM*.
- (5) Cosmetic Retin-A, Rogaine, and Propecia, or their medical equivalent, any medications specifically prescribed for weight loss (for example, appetite suppressants), anorexic agents, non-FDA approved oral progesterone and all over the counter drug items, except nicotinic acid and those designated as covered by the *PBM*.

- (6) Compounded products to include, but not limited to, compounded estrogen, progesterone or testosterone for oral or sublingual administration, compounded drugs that contain a Less-Than-Effective (LTE) drug, compound prescriptions that result in drug combinations that the FDA considers LTE.
- (7) Drugs that HIRSP determines are experimental or not *medically necessary and appropriate*. Such drugs include, but are not limited to, human growth hormones when used for AIDS wasting or cachexia, and compounded drugs containing DHEA, 5-HT, Levodopa, L-Tryptophan, natural estrogen, natural progesterone, Nystatin and testosterone).
- (8) Unit dose medication, which includes bubble pack or pre-packaged medications for convenience purposes, except for medications that are unavailable in any other dose or packaging.
- (9) Injectable medications, except for *self-administered injectables*.
- (10) Drugs recently approved by the FDA may be excluded until reviewed and approved by the PBM's Pharmacy and Therapeutic Committee which determines the therapeutic advantage of the drug and the medically appropriate application.
- (11) Infertility, fertility, and sterility medications and drugs used for impotence and/or reduced libido.
- (12) Medications obtained through a discount program or over the Internet, unless *prior authorization* is obtained from HIRSP.
- (13) Spilled, stolen or lost prescriptions.
- (14) Micronized progesterone (except medroxyprogesterone).
- (15) Alcoholic beverages, even if prescribed for remedial or therapeutic reasons.
- (16) Sex hormones related to sex transformations.
- (17) Smoking cessation products.
- (18) Clozapine management.
- (19) Take home drugs and supplies dispensed at the time of *hospital* discharge that can reasonably be purchased on an outpatient basis.
- (20) Supplies and medicines purchased from a non-*network pharmacy*.
- (21) Bleaching agents, such as Melanex, Eldoquin, and Solaquin, that HIRSP considers to be cosmetic.

This amendment shall be effective April 1, 2005. It shall continue in force under the same terms, conditions, and provisions as govern the policy and any amendments.

All other terms, conditions, and provisions of the policy remain unchanged except as stated above.

**This amendment is signed for HIRSP by**

A handwritten signature in black ink that reads "Mark B. Moody". The signature is written in a cursive, flowing style.

**Mark Moody  
Administrator, Division of Health Care Financing  
Chairman, Health Insurance Risk Sharing Plan Board of Governors**